### **DAVID REED O'BRYAN**

### License Number: ME49732

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

### General Information

### **Primary Practice Address**

DAVID REED O'BRYAN NOT PRACTICING

This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

#### **Medicaid**

This practitioner does NOT participate in the Medicaid program.

### **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
TALLAHASSEE MEMORIAL HOSPITAL	TALLAHASSEE	FLORIDA
TALLAHASSEE SINGLE DAY SURGERY	TALLAHASSEE	FLORIDA

### **Email Address**

Please contact at: blue601@aol.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
LOUISIANA	OB-GYN

### Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she is exempt from paying assessment.

## **Education and Training**

### **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
LOUISIANA STATE UNIVERSITY	MD	9/1/1979 - 5/1/1983	05/01/1993
MCNEESE STATE UNIVERSITY	BS	9/1/1975 - 5/1/1979	05/01/1979

### **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

### **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
UNIVERSITY OF SOUTH FLORIDA/COLLEGE OF MEDICINE	RESIDENCY	OBG - OBSTETRICS AND GYNECOLOGY		TAMPA	FLORIDA	07/01/1984	06/01/1987
UNIVERSITY OF SOUTH FLORIDA/COLLEGE OF MEDICINE	INTERNSHIP			TAMPA	FLORIDA	07/01/1983	06/01/1984

## **Academic Appointments**

### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

### **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLERKSHIP DIRECTOR CLINICAL ASSOCIATE PROF	FLORIDA STATE UNIVERSITY SCHOOL OF MEDICINE	TALLAHASSEI	E FLORIDA

## **Specialty Certification**

### **Specialty Certification**

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN BOARD OF OBSTETRICS & GYNECOLOG	OBG - OBSTETRICS AND GYNECOLOGY	

## Financial Responsibility

### **Financial Responsibility**

Financial Exemption Proceedings and Actions

### **Proceedings & Actions**

### **Criminal Offenses**

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

#### **Medicaid Sanctions and Terminations**

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

### Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

### Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

### Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

# Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has \*NOT\* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has \*NEVER\* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

### Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click here.

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

## **Optional Information**

#### **Committees/Memberships**

This practitioner has an affiliation with the following committees:

CHAIRMAN/DEPART OF OBSTETRICS & GYNECOLOGY/TALLAHASSEE,FL

CHAIRMAN/OB TASK FORCE/TALL. MEMORIAL REGIONAL MED. CENTER

MEMBER/HEALTH START SCREENING ADVISORY COMMITTEE 8/38-PRE.

 ${\sf MEMBER/MEDICAL\ RECORDS\ REVIEW\ COMMITTEE/TALL\ MEM\ REG\ MED\ C}$ 

### **Professional or Community Service Awards**

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
MEMBER	SMITHSONIAN INSTITUTION
MEMBER	AMERICAN ROSE SOCIETY
MEMBER	NATIONAL TRUST FOR HISTORIC PRESERVATION
MEMBER	THE SIERRA CLUB
MEMBER	FAITH PRESBYTERIAN CHURCH, TALLAHASSEE, FLORIDA

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

#### **Professional Web Page**

This practitioner has not provided any professional web page information.

### **Languages Other Than English**

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### **Other Affiliations**

This practitioner has provided the following national, state, local, county, and professional affiliations:

### Affiliation

DIPLOMATE/AMERICAN BOARD OF OB/GYN (#28684-12/91)

FELLOW/AMERICAN COLLEGE OF OBSTETRICS & GYNECOLOGY

MEMBER/AMERICAN ASSOCIATION OF GYNECOLOGIC LAPAROSCOPISTS

MEMBER/AMERICAN MEDICAL ASSOCIATION

MEMBER/CAPITAL MEDICAL SOCIETY

MEMBER/FLORIDA MEDICAL ASSOCIATION

MEMBER/FLORIDA OBSTETRIC AND GYNECOLOGY SOCIETY